

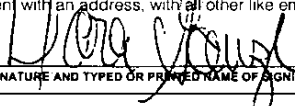


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90076 028 ****61.25

| | | | |
|---|--|---|--|
| DOCUMENT # N02000001789 1. Entity Name COUNTRY CHASE MASTER HOMEOWNERS ASSOCIATION, INC. | |  | |
| Principal Place of Business 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 | | Mailing Address 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. 720 Brooker Creek Blvd. #206 | | 02232007 Chg-NP CR2E037 (12/06) | |
| City & State Oldsmar, FL 34677 | | 4. FEI Number 01-0674058 | |
| Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HANSON, JACK B AGENT MELROSE MANAGEMENT GROUP 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 | | 7. Name and Address of New Registered Agent Scannavino, Inc. 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> 4-13-07 <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP GONZALES, DOREEN 12404 RUSTIC VIEW CT TAMPA, FL 33635 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP BOWMAN, LOIS 12412 COUNTRY WHITE CIRCLE TAMPA, FL 33635 | <input checked="" type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT FRIEDICH, ANNETTE 12482 COUNTRY WHITE CIRCLE TAMPA, FL 33635 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS JOHNSON, JARED 8508 TIDAL BAY LANE TAMPA, FL 33635 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | DOREEN GONZALES | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 4-11-07 Daytime Phone # 813-855-8111 | |

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